

USAID
DEL PUEBLO DE LOS ESTADOS
UNIDOS DE AMÉRICA

PrevenSida

NICARAGUA SIXTH YEAR FY16 ANNUAL PROJECT REPORT

PERFORMANCE PERIOD: OCTOBER 1, 2015 - SEPTEMBER 30, 2016

COOPERATIVE AGREEMENT NO.: AID-524-A-10-00003

NOVEMBER 2016

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Acronyms

ADESENI	Asociación por los Derechos de la Diversidad Sexual Nicaragüense (Association for the Rights of Nicaraguan Sexual Diversity)
AIDS	Acquired Immune Deficiency Syndrome
ANICP+VIDA	Asociación Nicaragüense de Personas Positivas Luchando por la Vida (Nicaraguan Association of Positive People Fighting for life)
ASSIST	Applying Science to Strengthen and Improve Systems
ASONVIHSIDA	Asociación Nicaragüense de Personas VIH SIDA (Nicaraguan Association of People with HIV Aids)
CCM	Country Coordinating Mechanism
CEGODEM	Centro de Estudios para la Gobernabilidad y Democracia (Center of Studies for Governance and Democracy)
CDC	Centers for Disease Control and Prevention
CEPS	Centro de Estudios y Promoción Social (Center for Studies and Social Promotion)
CEPRESI	Center for Aids Education and Prevention
CHS	Center for Human Services
CONISIDA	Nicaraguan Aids Commission
COP	Chief of Party
CQI	Continuous Quality Improvement
ECVC	Encuesta Centroamericana de Vigilancia de Comportamiento Sexual y Prevalencia de VIH e ITS en poblaciones vulnerables (Central American Survey of Sexual Behavior Surveillance and HIV and STI Prevalence in vulnerable populations)
EMMP	Environmental Mitigation and Monitoring Plan
ENDESA	Encuesta Nicaragüense de Demografía y Salud (Nicaraguan Survey of Demography and Health)
FSW	Female sexual worker
FY	Fiscal Year
GF	Global Fund
HHRR	Human Rights
HIV/AIDS	Human immunodeficiency virus / acquired immunodeficiency syndrome
IXCHEN/ANFAM	Asociación para el apoyo de la Nueva Familia en Nicaragua (Association to Support the New Family in Nicaragua)
KP	Key Population
LGBTI	Lesbian, Gay, Bisexual, Transgender, and Intersexual
M&E	Monitoring and Evaluation
MARP	Most at Risk Populations
MHG	Mutal Help Group
MINSA	Ministerio de Salud (Nicaraguan Ministry of Health)
MOH	Ministry of Health
MSM	Men who have sex with Men
NDRC	National Diagnosis and Reference Center
NGO	Non-Governmental Organization
UNAIDS	United Nations Fund to Fight Aids
PHIV	People with HIV
PEPFAR	President's Emergency Plan for AIDS Relief

S&D	Stigma and Discrimination
SMS	Short Message Service
STI	Sexually Transmitted Infections
SW	Sexual Worker
TRANS	Transgender, transsexual, transvestite
UNAIDS	Joint United Nations Programme on HIV/AIDS
URC	University Research Co., LLC
USAID	United States Agency for International Development
USAID/DELIVER	Contraceptives Logistics Programme
USAID/PASCA	USAID Program for Strengthening the Central American Response to
USAID/ PrevenSida	Prevention of HIV/AIDS transmission among High Risk Population Program
WHO	World Health Organization

I. EXECUTIVE SUMMARY

This annual report corresponds to the sixth year of the USAID|PrevenSida project, FY16. Its objective is to increase healthy behaviors in order to reduce HIV/AIDS transmission among MARPS. The reason for the key populations focus is that Nicaragua has a concentrated epidemic type, i.e., prevalence above 5% in key populations (MSM, sex workers and other MARP) and less than 1% in general population.

Since October 2012, PrevenSida is part of the regional HIV program within the PEPFAR framework for the Central American region. PrevenSida provides support to 3 PEPFAR strategic components: institutional strengthening, prevention and strategic information.

The Project has been implemented up to 82% of the Cooperative Agreement (CA) period (20/09/2010 – 20/12/2017) and 85% of the obliged budget has been implemented to date.

Modifications to the CA are: Extend the completion date of the award from September 20, 2016 to December 29, 2017. Increase the Total Estimated Amount from \$7,000,000 to \$8,565,540. Additional component in Program Description: Strategic Information for the Central American Region (Guatemala, Honduras, El Salvador, Nicaragua and Panama) and the special studies for Garifuna population (Honduras and Nicaragua).

This year was characterized by consolidating the Project's strategic focus on strengthening beneficiary NGOs, so these can have effective participation in the national response through implementing the continuum of care changing the early years focus from primary prevention to the continuum of care (linking positive cases to care systems, treatment, adherence and viral suppression). Despite this progress, the challenge of integrating the new World Health Organization (WHO) guideline on universal treatment through the Start Test strategy still persists. In Nicaragua, according to Ministry of Health figures, 30% of alive cases (3,646/10,395) are in Antiretroviral Therapy (ART).

In relation to expected results, once again the project met its objectives and goals. Result 1 of institutional strengthening surpassed the training goal and the project was able to adapt to emerging issues such as Test and Start and the new WHO guidelines (June 2016), for which the methodological designs were developed and 11 grantee NGOs were trained.

Regarding result 2, improved access to quality preventive services. It was complied with 109% of key population individuals reached. This meant coverage based on estimated population size in covered territories: MSM 45% (18,110/40,408); TG 71% (2,333/3,270) and SW 42% (2,685/6,379). With a 1.5 concentration. The Community Care indicator was over-complied with when 164% of individuals and 165% of contacts were reached, resulting in a concentration of 2, which had been planned.

3 NGOs selected (GAO, ANICP VIDA and ASONVIHSIDA) cared for 27.77% PHIV (2,679/10,395) out of 10,395 live cases with a concentration of 2. Also, 335 people were integrated into the care system, these were captured through HIV rapid testing, community clinical survey or CD4 count with mobile equipment.

The Care new indicator measures new HIV cases captured and integrated into the Ministry of Health care system. The indicator was complied with by 112% (335/300). By sex: Male, 72.5% (243/335) and female, 27.5% (92/335). Out of 3,646 people currently on ART: 9.3% (343 entered into the care and therapy system), these were captured by PEPFAR supported NGOs.

In HIV testing, 90% of the annual goal was complied with a reactor percentage of 0.57 (40/7,053). In community care for people with HIV (PHIV) 164% of the annual goal was met, community work on care and support was significant. The community-based clinical assessment was implemented among 2,621 people (66% men and 34% women).

Regarding Result 3, Stigma and Discrimination (S&D) reduction, we continued updating LGBT educators and leaders on this topic, as well as awareness activities with the community through video forums.

In Result 4, improved NGOs participation in the national response, the 11 NGOs had strong participation in national and local decision-making instances which is due to better management capabilities of their organizations, coverage analysis and strategic information shared.

The 11 grantee NGOs, implemented funds efficiently and maintained the quality of their monthly technical and financial reports, implementing projects in 9 departments and 17 municipalities.

95% (19/20) of main actions planned for FY16 was completed. The knowledge management national forum was rescheduled for December 1st 2016, World AIDS Day.

FY17 MAIN CHALLENGES

STRATEGIC INFORMATION:

For FY 2017, the challenge is to meet the goals of the strategic result number 5 of strategic information, to be implemented in Central America (Guatemala, Honduras, El Salvador, Nicaragua and Panama) with 5 research studies:

- Estimating key populations size
- Combination Prevention: Effectiveness of the HIV Combination Prevention Model
- Community-based care continuum cascade: HIV Cascade per key population type
- Determinants of health among key populations
- Logistics needs baseline for NGOs under the universal HIV treatment strategy

For Honduras and Nicaragua, a research study on the HIV epidemiological situation in Garifuna population will be developed.

In Nicaragua, 8 applied research studies are planned to conclude:

- Assessing the Combination Prevention model
- HIV Continuum of Care
- Community Based HIV Counseling and Testing
- CD4 mobile testing
- Baseline and Final Evaluation of Logistic Capacities among KP NGOs
- HIV Determinants among KP.
- QI and NGO sustainability, Information and technology use.

MONITORING AND EVALUATION

For FY 17 there is a new set of PEPFAR indicators: Monitoring, Evaluation, and Reporting (MER 2.0) Indicator Reference Guide.

Key changes:

During the streamlining process from MER 1.0 to MER 2.0, only essential indicators were maintained in the key PEPFAR reporting requirements. These indicators are truly bellwether for the key programs and

may be supplemented with indicators for local level implementation monitoring. The following areas have notable changes; reporting on age/sex disaggregation's reporting frequency, key population program monitoring and TB/HIV.

Some indicators were being updated, the following were taken into consideration:

- Key populations:
 - key populations have been separated in MSM and transgender.
 - key populations have also been added as disaggregation to indicators in the clinical cascade including:
- HTS_TST. KP type disaggregation changed: Three testing service disaggregation were added, and HIV testing or referral of an individual to HIV testing services. HTS is required to be offered to those who are not known as diagnosed HIV positive.

This change in the indicators is a challenge that involves: adjusting the database, modifying data collection formats, retraining M&E staff, and modifying RFA for grants.

2. DEMOGRAPHIC AND HIV STATISTICS.

Based on the definition of UNAIDS¹, Nicaragua has a concentrated type epidemic because prevalence is above 5% in key populations and less than 1% in overall population and according to the report of The National Aids Commission (CONSIDA) in their distribution analysis for new HIV infections and recommendations for prevention for 2012 (HIV Transmission Ways Model)².

2.1 HIV STATISTICS GENERATED BY MOH

Since the first case was reported in Nicaragua in 1987 up to June 2016, there have been a total of 11,708 people diagnosed with HIV registered through the monitoring system of the Ministry of Health (MOH)³. 1,313 of these have died. Prevalence rate is 8.2 per 100,000 people and Incidence rate is 19.5 per 100,000 people.

2.2 HIV STATISTICS GENERATED BY PREVENSIDA

Rapid testing by PrevenSida during October 2011 to September 2016, recorded 25,361 gays, bisexual men and trans tested and obtained 129 positive results for a percentage of 0.50%. Among Trans population, 3,010 people were tested with a result of 39 positive cases for a percentage of 1.29%⁴.

The USAID/PrevenSida report, between October 2015 and September 2016 includes 7,053 HIV tests: 40 with reactive results for a point prevalence rate of 0.57%.

3. DESCRIPTION AND BACKGROUND OF THE HIV IMPLEMENTING MECHANISM IN THE COUNTRY

University Research Co., LLC (URC)⁵ is a global company dedicated to improving the quality of health care, social services, and health education worldwide.

¹ UNAIDS, Terminology Guidelines, Version revised October 2011, Geneva, Switzerland, UNAIDS, 2011

² NICARAGUAN AIDS COMMISSION. HIV Transmission Ways

Analysis of new HIV infections' distribution and prevention recommendations. April 2012.

http://www.pasca.org/sites/default/files/MoT_NICARAGUA_2011_finalB.pdf [Access October 12th, 2012.]

³ MINSA. HIV and Aids Component. 2016 database.

⁴ PrevenSida data base

⁵ <http://www.urc-chs.com/>

URC has over 50 years' experience helping clients expand the coverage and quality of high-impact, evidence-based health services through management of large grants, contracts, and cooperative agreements on behalf of USAID, GF, WHO, UNICEF, the Gates Foundation, regional development banks, local partners, and other clients in over 50 developing and middle income countries. URC has managed USAID projects in Nicaragua for the past 16 years. Since 2009, URC has been working in Nicaragua with health units and universities, through projects funded by USAID in Nicaragua, to address stigma and discrimination towards the LGBTI community. Since 2010, URC has worked with LGBTI NGOs on institutional strengthening in governance, financial and administrative management, planning, and monitoring and evaluation (M&E), and implementation of the Continuum of Care (CoC) based on promotion and defense of human rights.

PrevenSida is administered by University Research Co., LLC (URC) under cooperative agreement number AID-524-A-10-00003. It is the project of the United States Agency for International Development (USAID) for HIV/Aids transmission prevention among high-risk population.

4. PROGRAM GOALS AND STRATEGIC COMPONENTS WITHIN THE PER FAR FRAMEWORK

The program goal is to increase healthy behaviors in order to reduce HIV/AIDS transmission among MARPS and to the population at large. These healthy behaviors will be measured by the following indicators: increase 50% from baseline the consistent use of condoms, decrease of 30% from baseline the number of sexual partners and increase of 60% from baseline in the use of HIV testing and counseling and testing.

Project coverage. The target for FY 16 was 11,919 MSM/TRANS from 7 municipalities in Managua, which correspond to 80% of total estimated KP (MSM/TRANS) for the Managua department. Two municipalities were excluded from the target due to the low number of KP and expected cases at site level. In addition, and using FY14 funds, considering the transition plan to phase out from other nine departments not prioritized for ROP 15, we will report activities for 10 municipalities (9,362 KP, 20% of KP in those areas) with the highest HIV incidence, for which there were coverage agreements with national counterparts for this year.

Strategic approach.

The main strategic approaches are: Institutional Strengthening and Quality Improvement; Continuum of Care (CoC) model and Knowledge Management

Institutional Strengthening and Quality Improvement: To date, 1,810 people from 73 NGOs have participated in the life of the project in the various courses provided by the project on Management, Finance, HIV Combination Prevention, Human Rights, Stigma and Discrimination (S&D), Gender-Based Violence (GBV), HIV Counseling and Rapid Testing, among other topics. The goal of people trained during pre-service and in-service was complied with learning and performance objectives. These courses have improved the NGOs capabilities to manage their organizations; which has been evidenced by the different external evaluations completed by USAID. In coordination with USAID|DELIVER, 14 NGOs improved their health supplies Logistics Systems.

This has enabled them to improve their skills to provide proper services effectively and with quality. 36 NGOs (21 LGBT NGOs) have received financial grants and coaching to improve their administrative and

financial processes through updating and implementing relevant manuals, automating their accounting systems, strategic and annual planning, monitoring and evaluation plans and quality standards monitoring.

Quality Improvement. In coordination with USAID's ASSIST Program, twelve NGOs received training to develop knowledge and skills for continuous quality improvement (CQI) and have designed and implemented their Quality Management Program (QMP). In Continuous Quality Improvement we will continue driving actions established in the QMP, such as: organizational climate improvement, user satisfaction measuring and improvement, and reducing quality gaps in prevention services provision. Selected NGOs shared their best practices in order to improve the prevention process.

Mentoring. PrevenSida's technical support for grant management has included significant changes in competencies and organization; which has enabled organizations to achieve quality standards and meet their project goals. The emphasis has been on identified gaps and sharing good practices that have accelerated improvement of administrative and service delivery processes. Gaps that have been closed through mentoring are those common to organizations such as: assessment of strategic and annual plans, follow-up to resolutions of the board of directors; strengthening internal control data, and preventive services analysis. Mentoring has been a crucial contribution to NGOs, it has enabled the development of skills through learning by doing, and has been the best practices and lessons learned transmission mechanism between partners.

Continuum of Care (CoC) model: These services include HIV combination prevention; HIV testing and linkage to care; managing opportunistic infections and other comorbid conditions and initiating, maintaining and monitoring ART. From 2010 to 2013, PrevenSida implemented combination prevention. Since October 2014, following up with international recommendations, the program implemented the HIV CoC, which broadens actions towards community care for PHIV and included actions to identify health problems at the time of the support visit and referral of PHIV not adherent to ART and that require other types of services. In 5 years, PrevenSida has reached 213,534 KP and other most vulnerable populations.

PrevenSida has improved access to preventive services, for example with CD4 testing through mobile equipment and community-based surveys on HIV clinical staging (WHO) completed by NGOs in order to inform PHIV of their health status, raising awareness and education on self-care, ART adherence, attendance to medical appointments and lab tests, including CD4, viral load, and others. The program developed capabilities of the NGO CEPRESI to provide CD4 mobile tests and several NGOs were trained in community based clinical assessment survey based on WHO clinical staging to identify PHIV at higher risk of opportunistic infections and advanced disease. This community-based clinical survey is gathered and recorded by promoters in a tablet using an android app developed to this end.

As a product of community-based surveys completed by promoters, we know the gaps in the Care Cascade per type of care. These data enables the project and participant NGOs to identify the main gaps, analyze causes and establish proper measures.

On September 30, 2015, the World Health Organization (WHO) released their "Guideline on when to start antiretroviral therapy and pre-exposure prophylaxis for HIV." This guideline expands the eligibility criteria of life-saving treatment to all persons living with HIV (PHIV) and highlights new developments in HIV combination prevention, including pre-exposure prophylaxis (PrEP). The WHO guideline is transformative to achieving epidemic control. The Project has been working with NGOs providing prevention and HIV care services that are crucial to realizing donor strategies. They work closely with and advocate on behalf of beneficiary populations, promote human rights including combatting stigma and discrimination, help identify challenges to and gaps in health care delivery, collect data, provide independent oversight of programming and processes, and promote transparency.

Knowledge Management (KM): is purposefully creating, gathering, synthesizing, sharing and using specific insights and experiences to improve work. These insights and experiences comprise knowledge, either embodied in individuals or embedded in organizational processes practice. In health care improvement, we are talking about knowledge of how to improve care, and about managing that knowledge to be able to share it with many more health care providers. It's important to recognize that while on one hand, this knowledge is embedded in our minds as individuals, in an activity like health care that it so dependent on human resources, it resides within groups and organizations. Harnessing that knowledge is fundamentally a people-centered activity. KM aims to gather, analyze, store and share knowledge and information within an organization. The primary purpose of Knowledge Management is to improve efficiency by reducing the need to rediscover knowledge.

USAID Nicaragua by the year 2017, through PrevenSida, will conduct five applied research reports on the HIV combination prevention and care model in Nicaragua (Community Survey, Mobile CD4, Evaluation of HIV Determinants Plans, Logistic Capabilities Assessment of NGOs, QI and NGO Sustainability, Information and Technology Use) to be shared with LGBTI NGOs. The challenge is the use of strategic information, promoting knowledge as part of the improvement work making it more effective and efficient, thus turning KM in a truly integral part of organizations' activities.

5. TECHNICAL REPORT

The program contributes to implementation of the Central America HIV sustainability strategy, in coordination with the Global Fund to fight Against AIDS, Tuberculosis and Malaria (GFTAM), PEPFAR and United Nation Agencies. In universal access, PrevenSida is providing support to improve quality and coverage of the Continuum of Care (CoC) among key population in high incidence municipalities. Regarding sustainability, the program will contribute to the national response reducing the number of new infections with evidence based prevention interventions that help slow down HIV's progression and avoid treatment failure.

Another contribution is to improve access to HIV rapid testing for key populations. To date, 256 people from 30 NGOs (17 LGBT NGOs) have been trained on rapid testing and certified by the Ministry of Health. The program increases efforts on data quality improvement and the CoC, thus contributing to early integration of positive cases and ensuring adherence to avoid treatment failure. The program has been working to identify, measure, and change the complex dynamics driving stigma, discrimination, and violence with a comprehensive approach ensuring key population-led community based organizations improve their capacity to manage funds for sustainable HIV responses at the local level driven by data and accountability.

With PEPFAR funding, PrevenSida will reach 3.5% of the estimated KP by the year 2017. Key populations to work with will be: MSM and female transgender in 4 departments out of 17 and 5 municipalities.

5.1 RESULT ONE: STRENGTHENED INSTITUTIONAL CAPACITY OF NGOS

USAID|PrevenSida contributes to the Sustainability Strategy for the Comprehensive Response to HIV in Central America and the Dominican Republic 2012-2015, with the specific objective corresponding to strengthening management skills among leadership, and management of the response to HIV in the country, at the governmental and civil society levels, local cooperation, and promoting the use of technical and managerial tools.

PEOPLE TRAINED

Complied with training goals on specific issues in HIV Combination Prevention and Care and Gender and Gender-Based Violence (GBV), and the Test and Start topic was included as a key strategy of the new WHO guidelines.

566 people (381 men and 185 women) were trained in 2016. This included participation from promoters and leaders from 25 NGOs and social movements. Eleven out of the 25 NGOs were implementing grants and received USAID|PrevenSida funds, the rest of NGOs (fourteen) were invited so that their members received these training sessions on the various topics.

HIV Rapid testing: For this period, four workshops were scheduled on quality control and updating on HIV rapid testing. These were coordinated with the Diagnostic and Reference Center of the Ministry of Health (NDRC) with 32 participants (23 men and 9 women).

Table I shows training indicator compliance

Table I. Training indicator compliance

PEPFAR indicator	FY16		
	Target	Total reached	Percent Complete
CE.577 Number of health care workers who successfully completed an in-service training program within the reporting period	350	566	162
GEND_NORM: Number of people completing an intervention pertaining to gender norms, that meets minimum criteria	350	340	97
CE.577-b Testing and Counseling	32	32	100
CE.577-c Adult care and support	22	22	100
CE.577-e Other (Stigma and discrimination)	100	172	172

QUALITY MANAGEMENT PROGRAM (QMP)

For this period, 11 NGOs received grants from USAID|PrevenSida. In five of them (CEPS, FSL, ASONVIHSIDA, ANICP+VIDA and MDS RACCS) activities to be completed in the year were: training staff, developing the Quality Management Program and implementing continuous quality improvement strategies. The remaining six NGOs already had a Quality Management program, assistance targeted implementing continuous quality improvement strategies, the results are shown below:

- 100% (11/11) of NGOs measured organizational climate and completed improvement plans.
- 91% (10/11) measured external users' satisfaction, shared results and implemented improvements for gaps identified.
- 91% (10/11) measured at least one of the quality indicators, analyzed results and implemented continuous quality improvement rapid cycles.
- 91% (10/11) implemented continuous quality improvement cycles as a product of the analysis of productivity and quality indicators.
- 91% (10/11) conducted performance evaluations of promoters and technical team, further more technical assistance was provided to organize work files.
- 100% (11/11) has a Quality Management Program, this is a referral for continuous quality improvement implementation in NGOs.

INDICATORS:

- CE. 577. Number of health care workers who successfully completed an in-service training program within the reporting period: 566 (162%; 566/350)
- Gend Norm: Number of people completing an intervention pertaining to gender norms, that meets minimum criteria: 340 (97%; 340/350)

Strengthened NGOs

The main strategy occurs through grants, which has a component of organizational capacity and administrative and technical staff skills development.

For year 6 of the project, 11 NGOs were selected with a total of US\$ 210,206.73 with a global per capita of \$7.9. Eleven organizations closed their projects with successful administrative results, spending 100% of the budgets.

Out of the total required Cost Share (\$734,017), \$500,745.13 has been reported to USAID leaving \$233,271.87 pending to report. No difficulties are foreseen to meet this requirement due to the volume of Cost share documents pending to be reviewed.

Mentoring.

The *organizational development* area completed 34 technical visits, the main activities are:

- Support in organization, documentation and evidence related to Combination Prevention and Care indicators targeting key populations, people with HIV, Quality indicators, management and supplies logistics, and other topics related to the PEPFAR(SIMS) quality monitoring system.
- The training plan was promoted through facilitators, these topics target their promoters and are included into the Unique Registration System of people established by USAID|PrevenSida.
- Monitoring and follow up to compliance with the environmental impact mitigation plan, verifying compliance with planned activities, especially the coordination with the Ministry of Health for medical waste incineration.
- Updating promoters on rapid testing and biosafety, and verifying that promoters use containers for waste disposal and have knowledge of regulation 216 and USAID norms, as well as including progress on these topics in the monthly report.
- Analysis of external users' satisfaction, quality and productivity indicators and organizational climate databases.
- Updating NGO's Mission, Vision and Values.
- Gap analysis through rapid improvement cycles. These were completed with excellent results in goals compliance, people and contacts reached and community-based clinical surveys.
- Organizing and implementing focus groups in order to know the opinion of men who have sex with men, transgender people and people with HIV, on educational text messages on the HIV continuum of care, that were sent to their cellphones.
- Documentation of improvement activities conducted among them: referral to health units, MHG, ART abandonment, search for new strategies to reach new people with HIV, internal and external users' satisfaction, and evaluation of workers' performance.
- Organization of worker files documentation for each NGO.

- Developing improvement plans for results of quality improvement strategies evaluation.

The M&E area provided 46 field visits to the project monitoring area to 11 grantee NGOs (GAO, ANICP+VIDA, ASONVIHSIDA, ADESENI, ODETRANS, CEPRESI, CEPs, CEGODEM, FSL, MDS RACCS and IXCHEN), with the purpose of providing training supervision on the use of the Unique Record system, to human resources responsible for monitoring and to NGO promoters, coaching project implementers in field activities, oversee compliance with sub-grant established agreements, work plans compliance, reviewing evidence validating reported data and setting-up rapid cycles for quality improvement of services provided by NGOs to key populations.

In FY16, we started to use Information and Communications Technology (ICT) to conduct the community-based clinical assessment survey among PHIV, this tool required training and support to promoters and those responsible for monitoring for the use of electronic tablets, data migration to the unique record system and use of collected information by NGOs in order to improve their performance and know the health status of the HIV population they serve.

A guide to data quality control was implemented during the grant fiscal year. In this year, self-application was more regular than in previous years of the project, as well as early detection of errors in recording or filling primary data collection forms. The result in application of the data quality control guide showed ownership in use of the system by NGO users.

Financial management: 22 grant management monitoring and follow up visits, technical support tools application, bimonthly financial review, shared costs review; accounting files, capture masks, data quality, monitoring health supplies storage and management, etc. Permanent follow up to information from NGOs: capture masks, financial reporting, cost sharing, technical reports and invoices, according to agreements signed with URC.

5.2 RESULT TWO: IMPROVED ACCESS OF HIV/AIDS PREVENTIVE SERVICES

The project has satisfactorily achieved improvement on quality services access to key populations, both in effective coverage reaching and cost-effectiveness.

The Mid-Term performance of USAID's Bilateral HIV Program reports that PrevenSida reached 42% of sex workers estimated in the country's estimated population size by CONISIDA in 2013, 40% MSM and 43% of the national female Trans population⁶.

Study of Effectiveness and efficiency of the USAID PrevenSida Project, April 2015, reported: In the year 2014, the number of individuals considered in KPs served by NGOs involved in the project was just over 72,955, for a total cost per individual served of less than \$12, which is 0.26% of Gross Domestic Product per capita (purchasing power parity). In terms of efficiency: \$2,600 per DALY averted, which is a little over half the GDP per capita and therefore is considered highly cost-effective according to WHO criteria for efficient health interventions.⁷

The Combination Prevention and Care services package is the peer approach strategy implemented by the project and its activities are described in the following table.

⁶ USAID Nicaragua HIV Bilateral Program Mid Term Performance. Period 2007 – 2013. Available at: http://pdf.usaid.gov/pdf_docs/pa00k865.pdf

⁷ Broughton E, Arana R, Oviedo Rojas A, Nuñez O. 2015. Effectiveness and efficiency of the USAID PrevenSida Project in Nicaragua. *Evaluation Report*. Published by the USAID PrevenSida Project, Bethesda, MD: University Research Co., LLC (URC). Available at: http://pdf.usaid.gov/pdf_docs/pa00kdmq.pdf

Table 2. Continuum of Care Services by population type.

MSM	Trans	PHIV care services
<u>HIV rapid testing counseling or referral</u>	<u>HIV rapid testing counseling or referral</u>	<u>Counseling and referral for HIV voluntary testing in serodiscordant couple</u>
<u>Counseling and referral for TB prevention, diagnosis and treatment</u>	<u>Counseling and referral for TB prevention, diagnosis and treatment</u>	<u>Counseling and referral for TB prevention, diagnosis and treatment</u>
<u>Peer approach</u>	<u>Peer approach</u>	<u>Peer approach</u>
<u>Counseling on risk reduction: reducing the number of sex partners, correct and consistent condoms and lubricant use, testing importance</u>	<u>Counseling on risk reduction: reducing the number of sex partners, correct and consistent condoms and lubricant use, testing importance</u>	<u>Counseling on risk reduction: reducing the number of sex partners, correct and consistent condoms and lubricant use, testing importance</u>
<u>STI prevention counseling and referral for STIs diagnosis and treatment</u>	<u>STI prevention counseling and referral for STIs diagnosis and treatment</u>	<u>STI prevention counseling and referral for STIs diagnosis and treatment</u>
<u>Counseling on substance abuse and treatment and referral to substance abuse treatment services</u>	<u>Counseling on substance abuse and treatment and referral to substance abuse treatment services</u>	<u>Counseling on substance abuse and treatment and referral to substance abuse treatment services</u>
<u>Provision of condoms and lubricant</u>	<u>Provision of condoms and lubricant</u>	<u>Provision of condoms and lubricant</u>
<u>Referral to ART services if indicated</u>	<u>Referral to ART services if indicated</u>	<u>Referral to ART services if indicated</u>
<u>Counseling and referral to reproductive sexual health services, if applicable</u>	<u>Counseling and referral to reproductive sexual health services, if applicable</u>	<u>Counseling and referral to reproductive sexual health services, if applicable</u>
		<u>Community-based Clinical Evaluation (WHO staging), and/or CD4 count</u>
		<u>Referral for viral load count</u>
		<u>Counseling and referral for adherence and self-help groups</u>

Based on the PEPFAR Monitoring and Evaluation Reporting Guide, MER-2.0, October 2016.

5.2.1 KP PREVENTION

In year six the goal of people and contacts reached with a package of prevention combination and care is 21,281 key population (KP) individuals and 42,562 contacts.

The goal of individuals reached was over complied with and there was good compliance with contacts. An average of 1.5 contacts per individual was achieved; the expected number was 2 contacts, but the short grant implementation time does not allow reaching the goal.

PEOPLE AND CONTACTS REACHED.

The goal of individuals reached was over complied with and there was good compliance with contacts. An average of 1.5 contacts per individual were achieved; the expected number was 2 contacts.

The key populations (KP) annual goal was achieved by 109% (see Figure 1) and there was overcompliance by population type. See details in table 3.

Figure 1. KP reached with prevention services goal compliance

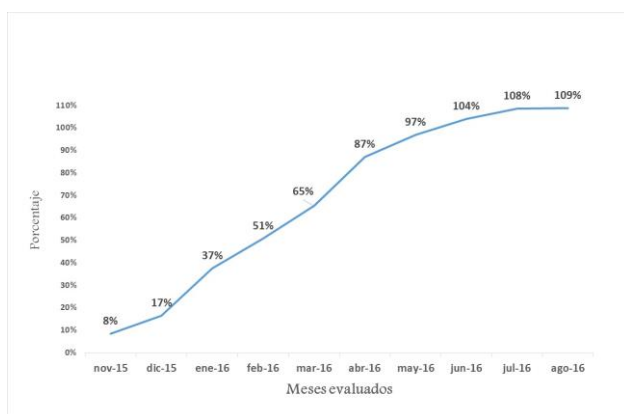


Table 3. Key population reached

PEPFAR indicator	FY16		
	Target	Total reached	Percent Complete
P8.3.D Number of MARP reached with individual and/or small group level interventions that are based on evidence and/or meet the minimum standards required (individual)	21,281	23,128	109%
P8.3.D-a By MARP type: CSW	1,916	2,685	140%
P8.3.D. c By MARP type: MSM	19,365	20,443	106%
P8.3.D-c Custom By MARP type: MSM (homosexuals)	7,285	6,524	90%
P8.3.D-c Custom By MARP type: MSM (transgender)	1,180	2,333	198%
P8.3.D-c Custom By MARP type: MSM (bisexual men)	10,900	11,586	106%

INDICATORS:

- I. Number of individuals who received the minimum package: 23,128 (109%; 23,128/21,281).
- I. Number of contacts that received the minimum package: 35,210 (83%; 35,210/42,562).

5.2.2 PREVENTION WITH POSITIVES**CARE COMM**

In year five the goal of HIV positive people and their contacts reached with prevention services is 1,638 positive and 3,276 contacts.

The 3 NGOs that worked with positives (ANICP VIDA, ASONVIHSIDA, GAO,) over complied goals, which reflects the strength of their community network and peer approach. This enabled implementation of the demonstrational experience of community based clinical assessment and organizing CD4 testing with the mobile equipment.

The Community Care indicator was over-complied with when 164% of individuals and 165% of contacts were reached, resulting in a concentration of 2, which had been planned.

Capturing by department was:

- Chinandega: 65% (400/2,679)
- León: 11% (307/2,679)
- Managua: 74% (1,972/2,679)

Out of the total of HIV alive cases, 25.7% (2,679) of them received care by PEPFAR supported NGOs.

Table 4. Care Comm Indicator Compliance

PEPFAR indicator	FY16		
	Target	Total reached	Percent Complete
Care-Comm Number of HIV-positive adults and children receiving care and support services outside of the health facility (individual)	1,638	2,679	164%
CE-575-a Number of Men	934	1,769	189%
CE-575-b Number of Women	704	910	129%
CE-575-c Number reached in a clinic		1,851	
CE-575-d Number reached in a facility		345	
CE-575-e Number reached in a community		129	
CE-575-f Number reached in a home		354	

CARE CURR

The indicator measures clinical services delivered outside health facilities. The project has developed capabilities and tools for community-based clinical assessment based on WHO staging. NGO CEPRESI received support for capacity building on CD4 testing with a mobile equipment in coordination with 3 PHIV NGOs (GAO, ASONVIHSIDA and ANICP+VIDA) in 3 departments (León, Chinandega and Managua).

The annual target was reached at 144% (2,621/1,820). Clinical assessment was conducted to 1,729 (66%) males and 892 (34%) females. 395 (15%, 395/2,621) in the department of Chinandega, 367 (14%, 367/2,621) in Leon and 1,859 (71%, 1,859/2,621).

Of living cases to date (10,395), 25,2% (2,621 people) received clinical assessment (WHO staging) at community level.

Grouped by clinical stage:

1. 63%. Stage 1
2. 16%. Stage 2
3. 11%. Stage 3
4. 10%. Stage 4

213 CD4 tests were completed, the results are:

- 0 to 50: 3% (7)
- 51 to 100: 7% (15)
- 101 to 200: 14% (30)
- 201 to 350: 21% (44)
- 351 to 500: 21% (45)
- Over 500: 34% (72)

The following table shows detailed compliance with the Care Curr indicator

Table 5: Care Curr Indicator Compliance

Indicator PEPFAR	FY16		
	Target	Total reached	Percent Complete
CARE_CURR_DSD Number of HIV positive adults and children who received at least one of the following during the reporting period: clinical assessment (WHO staging) OR CD4 count OR viral load (DSD)	1,820	2,621	144%
By Sex: Male	1,090	1,729	159%
By Sex: Female	730	892	122%

The Care new indicator measures new HIV cases captured and integrated into the Ministry of Health care system.

The indicator was complied with by 112% (335/300). By sex: Male, 72.5% (243/335) and female, 27.5% (92/335).

Out of 3,646 people currently on ART: 9.3% (343 entered into the care and therapy system), these were captured by PEPFAR supported NGOs

INDICATORS

1. Number of HIV-positive adults receiving care and support services outside of the health facility (individual): 2,679 (164%; 2,679/1,638).
2. Number of HIV-positive adults receiving care and support services outside of the health facility (Contacts): 5,407 (165%; 5,407/3,276).
3. Number of HIV-positive adults enrolled in clinical care during the reporting period who received at least one of the following at enrollment: clinical assessment (WHO staging) OR CD4 count: 2,621 (144%, 2,621/1,820).
4. Number of HIV-positive adults newly enrolled in clinical care during the reporting period who received at least one of the following at enrollment: clinical assessment (WHO staging) OR CD4 count: 335 (112%, 335/300).

5.2.3 RAPID TESTING

The project supports decentralization of testing to sites capable of performing rapid diagnostic tests in order to increase access.

This year, the goal for testing with counseling and results delivery is 7,053.

In this period 8 NGOs worked in 9 departments (16 municipalities) delivering HIV Testing and Counseling which increased access to specific populations.

The annual goal was 90% (7,053/7,868)

The percentage of reactors for Year 2016 was 0.57% (40/7,053) that is almost five times of that reported in the general population.

Reactors disaggregated by population type:

- Gay: 0.55% (29/5,230)
- Trans: 0.69% (7/1,019)
- TS: 0.5% (4/804)

By department:

- Chontales: 0.77% (3/388)
- Managua: 0.75% (29/935)
- RSJ: 0.63% (3/476)
- Chinandega: 0.4% (2/495)
- León: 0.39% (1/259)
- RACS: 0.34% (1/297)
- Masaya 0.21% (1/ 478)

Table 6. Compliance with the rapid testing indicator.

PEPFAR indicator	FY16		
	Target	Total reached	Percent Completed
HTC_TST_DSD Number of individuals who received Testing and Counseling (T&C) services for HIV and received their test results (DSD)	7,868	7,053	90
HTC_TST_DSD-i By MARP type: CSW	550	804	146
HTC_TST_DSD-k By MARP type: MSM	7,318	6,249	85
HTC_TST_DSD-l Custom By MARP type: MSM (Homosexual)	2,600	1,882	72
HTC_TST_DSD-m Custom By MARP type: MSM (Transgender)	1,100	1,019	93
HTC_TST_DSD-n Custom By MARP type: MSM (bisexual men)	3,618	3,348	93

Table 7. Positivity rate by geographical location and key population type

Dpt/Munic/Type of population	Positive tests	Test total	Positivity rate
Test total	40	7053	0.57%
CHINANDEGA	2	495	0.40%
Chinandega	2	495	0.40%
Female Trans.	2	235	0.85%
CHONTALES	3	388	0.77%
Juigalpa	3	363	0.83%
Female Trans.	2	55	3.64%
Sex Worker	1	71	1.41%
LEON	1	603	0.17%
León	1	259	0.39%
Gay	1	57	1.75%
MANAGUA	29	3822	0.76%
Ciudad Sandino	3	382	0.79%
Gay	2	142	1.41%
Female Trans.	1	85	1.18%
Managua	25	3074	0.81%
Bisexual	10	1820	0.55%
Gay	14	920	1.52%
Female Trans.	1	334	0.30%
Ticuantepé	1	55	1.82%
Female Trans.	1	31	3.23%
MASAYA	1	491	0.20%
Nindirí	1	5	20.00%
Sex Worker	1	5	20.00%
RIO SAN JUAN	3	476	0.63%
San Carlos	3	476	0.63%
Bisexual	2	226	0.88%
Sex Worker	1	80	1.25%
RACCS	1	297	0.34%
Bluefields	1	297	0.34%
Sex Worker	1	106	0.94%

INDICATOR

Number of individuals who were tested and received their results 7,053 (90%; 7,053/7,868).

5.3 RESULT THREE: REDUCTION OF STIGMA AND DISCRIMINATION

S&D are major obstacles to effective HIV/AIDS prevention and care, S&D in the context of HIV/AIDS is unique when compared to other infectious and communicable diseases. It tends to create a “hidden epidemic” of the disease based on socially-shared ignorance, fear, misinformation, and denial. S&D causes isolation of those affected, low self-esteem and lack of interest in preventing or treating HIV.

This is much more pronounced among transgender women who are more exposed due to their gender identity and among whom there has been increased therapy abandonment. They are pushed towards sex work by the social exclusion they have been subjected to. Men who have sex with men (MSM) and transgender women face an extraordinary risk of HIV, a burden that is compounded by recent increases in hostility and criminalization against lesbian, gay, bisexual, and transgender (LGBT) communities around the world.

PrevenSida has included S&D and GBV reduction as a crosscutting activity implemented in each prevention and care service offered to target population by peers, training processes and awareness-raising sessions in community actions such as cinema forums. To date, 373 people have been trained on S&D reduction, 358 in GBV reduction, and 60 on advocacy and human rights.

In FY 16, 1,622 people participated in video forums on gender-based violence and stigma and discrimination, 44.4% was female and 55.6% was male. 172 promoters were trained on S&D.

INDICATOR

11 NGOs with annual plans to reduce S&D towards MARPS, and are implementing them: 100%

5.4 RESULT FOUR: IMPROVED PARTICIPATION OF NGOS

The holistic approach of USAID | PrevenSida has made a difference in supporting the strengthening of NGOs to improve processes not only in the skills of technical staff and promoters, but also those of people working in the administrative areas and in the use of strategic information to make decisions related to implementation of their grant projects. Furthermore, this strengthening has helped them to be selected by the Global Fund as sub recipients.

INFORMATION SHARING STRATEGIES

RESEARCH

In recent years, USAID Nicaragua has developed a number of research studies on HIV with key populations. They have gained experience in the following topics: Key populations estimation methodology, Community-based surveys using the PLACE method, Preventive services coverage evaluation, Impact assessment of combination prevention in Behavior Change, NGOs health supplies logistics, Analysis of social determinants of health in key populations, Use of digital technologies, Evaluation of NGOs informed participation, Stigma and Discrimination, and cost-effectiveness.

Based on the successful experience of Nicaragua, the Regional Program offers technical and financial support to other countries in Central America, to develop similar research on the following topics:

- **Effectiveness of the combination prevention model and CD4 with mobile equipment:** The final report has been drafted for review and subsequent publication.
- **Continuum of Care on key populations:** A second draft has been submitted for review and technical adjustments, pending recommendations for final adjustment.
- **Effectiveness of peer interventions to improve HIV testing access for key populations:** First version of the study and bibliographic references search is under development, and selection of the magazine that could publish the article is pending.
- **CD4 count with mobile unit in Nicaragua: Reducing gaps in access and treatment for people with HIV.** Final report has been prepared for review and subsequent publication.
- **Performance evaluation of the component of NGOs logistical strengthening of the DELIVER Project:** The final report is ready and English translation is under development.
- **Logistics needs baseline for NGOs under the universal HIV treatment strategy:** The methodological proposal has been delivered. We adjusted with the consultant the activity plan/schedule and bibliographic support to design the baseline instrument.

Progress of studies in Honduras:

HIV epidemic status in Honduras Garifuna population: Terms of Reference (TOR) have been developed and the first technical session in Tegucigalpa-Honduras has been held; the proposal of 4 sub-studies to develop among the Garifuna population was presented to officials from the Ministry of Health (Standardization, Health Networks and Surveillance). The research was well received and has received and integrated contributions of officials from the Ministry of Health and Specialists in Health Projects Management and USAID's HIV/AIDS Central America Regional Program. These contributions are being incorporated and will be shared with the technical team of Honduras.

WEB SITE

Website: 89,789 visits accumulated; 34,429 sessions and 28,235 users; 55.6% were men and 44.4% women.

Currently, PrevenSida is on Facebook and shares strategic information, best practices, success stories and other relevant information.

IMPROVE OUTREACH.

Since 2015, NGOs supported by PEPFAR in Nicaragua, have been testing the use of Information and Communication Technologies (ICT) to provide knowledge for behavior change. ICT evolution and development means greater access to information and is a social accelerator, which amplifies communication between users.

Through USAID|PrevenSida grants in fiscal year 2016, two NGOs, Centro para la Educación y Prevención del Sida (CEPRESI) and Asociación Nicaragüense VIH/sida o Gente Positiva (ASONVIHSIDA), validated and implemented the use of ICT (WhatsApp and SMS text-messages) for knowledge management for behavioral change.

CEPRESI drafted messages targeting men who have sex with men (MSM) and ASONVISIDA targeted people with HIV (PHIV).

For ASONVIHSIDA this was the first experience using ICT, they sent educational and motivating messages to a group of 36 people with HIV. For CEPRESI it was their second year, they reached 735 users.

After 3 months of implementing educational messages, organizations conducted focus groups in order to interact with participants to know their reactions on educational messages on the continuum of care that were sent via WhatsApp and text-messages (SMS), in order to identify improvement areas and best practices. Aspects reviewed: messages content, frequency, knowledge, attitudes and practices results.

36 people participated in 4 focus groups, by population type these are: 20 gay, 9 bisexuals, 2 trans and 5 PHIV.

Some participants' reactions to the messages sent to their cellphones.

Key population: *"I felt it like a piece of advice, safe sex, carry lubricants and condoms. I feel that these messages help us because we become aware of how to take care of ourselves and ensure our health."*

Person with HIV: *"Sometimes you feel unmotivated, discouraged and one morning when I was getting up, I received a message to my cell phone saying: live each day as if it were the last, take advantage to the fullest, even when we have problems we must smile. I said to myself, it's true, we should smile because that helps us, motivates us, and raises our CD4. That made me feel happy and I am telling the one who sent me the message, your messages have helped me."*

ELECTRONIC BULLETIN

Since November 2013, USAID HIV programs have been publishing news, studies, success stories and progress of their programs through an electronic newsletter that is sent monthly to 436 users.

In FY2016, PrevenSida published 8 news articles:

- Successful experience of a female trans leader in Nicaragua
- Successful experience of a gay community leader in Nicaragua
- Life experience in promotion of adherence to antiretroviral therapy
- HIV prevention services quality through NGOs supported by USAID|PrevenSida
- Bringing CD4 result closer: A Community approach in Nicaragua
- LGBTI activists shared with the United States Embassy staff, concepts of sexual diversity, stigma and discrimination
- Geotagging key populations. A practice that has improved CEGODEM's work quality
- *Grupo Autoayuda de Occidente de personas viviendo con VIH* implements Continuum of Care applying the Community-based clinical assessment survey and CD4 mobile services offer.

M&E AND SHARING.

In PrevenSida there is a data base that consolidates gathered information, entered and analyzed in NGOs. The monitored indicators are those established in the URC-USAID contract. The evidence supporting the reports is filled electronically and physically for the systematic process followed by the USAID Mission in Nicaragua for data quality assessment.

The single record of people reached in combination prevention's automatic system has been created for the PEPFAR indicators. This system runs on every NGO that monitors PEPFAR and PrevenSida indicators, which are analyzed on a monthly basis by cross referencing the reach of the indicators with each NGO goal. A consolidation and report are provided to the USAID Nicaragua Mission and an analysis is completed in a joint revision on the progress in meeting the indicators.

KP unique record automated system implementation has better informed NGOs on the size of their populations in their territories, among them are: Gay, Trans, Bisexual and FSW. Using the system and GPS has improved population mapping, enabling them to draft new grant proposals and share information with other HIV national response instances. Information obtained is anonymous and based on first name and last name initials and date of birth. Population mapping files are safeguarded by the person in charge of M&E at each NGO.

The project monitoring process at each grantee NGO is completed in three mayor elements: evidence verification, reported data quality, coaching NGO promoters at approach sites. Evidence verification is completed systematically and according to schedule, in order to verify the numbers of people, contacts, rapid tests and training recorded and reported monthly considering inclusion and exclusion criteria for each monitored indicator.

This process includes a monitoring guide and analyzes goals reached and difficulties in achieving them. In 2016, a 6.0 version of the unique record is available; it includes adaptations such as adding a report of individuals that have received the minimum combination prevention package, and the capture mask for PHIV now includes continuum of care variables.

PrevenSida monitors PEPFAR's impact and effectiveness through monthly information gathering sessions and quarterly reports documenting activities and demonstrating results along the CoC. We set program targets according to the type of key population prioritized by the country (MSM, TG and SW), KP estimated population size and working within priority territories established by CONSIDA. PrevenSida has been monitoring the performance indicators implementing the Monitoring, Evaluation, and Reporting (MER 1.0) Indicator Reference Guide; the program will move to the new framework of indicators (MER 2.0, October 2016) established by PEPFAR. This database of people reached with combination prevention interventions is available to every partner NGO that monitors PEPFAR PrevenSida

The Data Quality Assessment Report completed by Measure Evaluation for PEPFAR Central America (June 2014)⁸ confirmed the program's solid M&E System, which includes a quality control mechanism¹. Regarding evaluations, USAID has completed a series of external evaluations related to the PrevenSida coverage and the Combination Prevention and CoC Model, a final evaluation is planned in the year 2017, which would include the KPIF component.

INDICATOR

- 11 NGOs have received technical assistance for HIV related policies development. 100%
- 11 NGOs have received technical assistance for HIV related policies development. 100%
- 3 applied research studies conducted, with results diffusion and used by key NGOs and MINSA. 67% /2/3)

⁸ PEPFAR Central America. Measure Evaluation. Data Quality Assessment of Eight USAID HIV Programs in Central America. PEPFAR; June 2014.

6.0 CROSS-CUTTING AND OTHER ISSUES

LOCAL CAPACITY BUILDING AND SUB- GRANTS.

In the 2011 to 2016 period, through USAID/PrevenSida, 36 NGOs (21 LGBTI NGOs and 3 PHIV NGOs) have successfully implemented 102 Grants; which has been the main strategy for institutional strengthening of NGOs as essential part of the National Response to HIV/AIDS.

NGO grants are the fundamental strategy for management capacity development in said organizations, and HIV prevention in KP, in terms of access and quality of services, as well as access to information. In order to support implementation of prevention intervention activities, and stigma and discrimination responses, sub-grants will be awarded to select NGOs

For year 6 of the project, 11 NGOs were selected with a total of US\$ 210,206.73

Table 8 shows the distribution of NGOs that allowed to cover selected municipalities with peer approach by population type.

Table 8. Geographical distribution of NGOs. FY16 Grants.

Municipality	NGO
Managua	Cepresi, ASONVIHSIDA, ANICPVIDA, ODETRANS
Ciudad Sandino	ASONVIHSIDA, ADESENI
Tipitapa	ASONVIHSIDA, CEGODEM
Mateare	ANICPVIDA, ADESENI
Ticuanatepe	ANICPVIDA, ODETRANS
SRS	ANICPVIDA, ODETRANS
VCA	ANICPVIDA, ODETRANS
León	GAO, ADESENI
Chinandega	GAO, ODETRANS
Masaya	CEGODEM, IXCHEN
Rivas	CEGODEM
Juigalpa	CEPS
Boaco	CEPS
San Carlos	FSL
Bluefields	MDS RAAS

GENDER.

PrevenSida address vulnerabilities related to gender and sexual practices; the social, coercive, and, at times, violent aspects of commercial sex work; and the special HIV prevention needs of transgender, bisexual, and homosexual communities. Through collaborative and training sessions, we emphasize responsiveness and communication to allow NGOs to examine the role of gender in relation to health

improvement in a natural and purposeful way. Gender considerations is integrated with program objectives in a culturally acceptable manner.

We use a series of educational videos covering S&D of TG people and PHIV in Nicaragua. These are presented by NGOs using cinema forums and trained NGO facilitators to lead discussions in the community on issues shown in the videos.

GENDER INDICATOR

GEND_NORM: Number of people completing an intervention pertaining to gender norms that meets minimum criteria: 340 (97%; 340/350)

6.1 ENVIRONMENTAL MANAGEMENT PERFORMANCE PLAN

According to Resolution 216, PrevenSida falls in the *Negative Determination with Condition* category. The Monitoring and Environmental Mitigation final report was sent to USAID in June 2016.

Out of the eleven NGOs that received grants, eight were classified according to USAID's Resolution 216 regarding *USAID environmental procedures. Title 22, Code of Federal Regulations*, as Negative determination with conditions because one of the activities covered by its projects was HIV rapid testing and CD4 testing, to be conducted through mobile equipment. Three NGOs were classified as Categorical Exclusion, in this case their projects were merely educational and would not affect the environment. We managed to train 73 people (40 men and 33 women).

The main actions and results implemented at the NGO level are:

- Update on national norms for medical waste management established in MOH Norm 0-79 and Law 217 of Nicaragua. In addition, the United States' government regulation on environmental protection (Law 216).
Result: 100% of NGOs. 73 members of technical staff and promoters involved (40 are male and 33 are female).
- NGO staff is trained by the MOH National Diagnosis and Referral Center (CNDR)
Result: 100% of NGOs updated their staff involved with testing. 32 people were trained.
- Training includes HIV rapid testing, biosafety and case referral.
Result: the training's methodological design includes learning objectives on Biosafety and case referral.
- The project will provide posters with the biosafety measures that will help remember relevant steps.
Result: In April 2015 posters were distributed to 100% of NGOs in preparation for the grant and human resources training.
- The grant includes purchasing gloves and disinfectants to prevent infections by blood and other bodily fluids both for people and objects and other surfaces
Result: 100% of financial applications include funding for medical consumable supplies.
- Use of medical waste containers
Result: Distributed 1 and 2 liter containers to the 08 NGOs conducting testing.
- Coordination with local health units for correct waste disposal.
Result: NGOs coordinated with MOH and 2 NGOs (IXCHEN and CEPRESI) contracted ECOTRASA.

- USAID|PrevenSida will monitor NGOs in HIV testing territories and will include a section summarizing Plan compliance in quarterly reports.
Result: Verified the use of safety measures during field visits by project advisers and criteria compliance was verified during SIMNS evaluation. NGOs include an environmental plan section in their monthly reports and the projects' quarterly reports include a section for the topic. See monitoring matrix in annexes.

6.2 COORDINATION WITH OTHER USAID PROGRAMS AND DONORS

PrevenSida worked closely with USAID|PASCA, USAID|Combination Prevention, the Center for Disease Control and the Global Fund HIV/AIDS program.

PASCA is the USAID program to strengthen the Central American HIV response. It is a five-year program that started on October 1st 2008 and will end on September 30st, 2017. Coordination is based on strategic alliances action; advocacy and national strategic plan monitoring.

Center for Disease Control. Coordination to promote project grantee NGOs' result sharing as part of Knowledge management.

USAID|ASSIST, the project coordinated to transfer the new knowledge to universities. Together they have contributed to strengthening Trans NGOs and foreseen to develop the comprehensive care plan for Trans population in conjunction.

USAID|DELIVER as partner in Reproductive Health Commodity Security (RHCS). Coordination to provide support to NGOs in organizing supplies storage inventory.

CONISIDA, member of the M&E committee. Sharing preventive services production data generated by NGOs on a quarterly basis and participating in sessions where technical teams from cooperation projects share their progress.

Global Fund HIV/AIDS program. The Project provided support to the Global Fund and sub-grantees with training to use the unique record of people reached with combination prevention activities.

Country Coordinating Mechanism: PrevenSida is a member of the Strategic Committee for Monitoring and Evaluation of the Global Fund grant and as observer of the selection of possible sub recipients for the next phase.

6.3 COMPLIANCE WITH THE 2016 ANNUAL PLAN.

95% (19/20) of activities corresponding to the sixth year, were complied with. The activity that was not executed is the knowledge management forum which was rescheduled for December 1st 2016, in celebration of the World AIDS Day.

6.4 BRANDING AND MARKING STRATEGY COMPLIANCE

The Branding update was published in March 2016: USAID's Graphic Standards Manual and Partner Co-Branding Guide. The changes correspond to USAID's logo colors. USAID|PrevenSida's logo was adjusted based on these changes.

In august 2012 The U.S. President's Emergency Plan for AIDS Relief (PEPFAR) Branding Guidelines, updated in 2012 was received. This required use of the Regional PEPFAR logo, due to the HIV program in Nicaragua being linked to the Regional Program. The corresponding logo will be requested to the

USAID Mission in Nicaragua for its incorporation in all material developed with PEPFAR funds as well as in training sessions including power point presentations.

NGOs that have developed communication materials have submitted them to USAID|PrevenSida for processing, which has been completed with USAID approval.

The USAID|PrevenSida advisers team monitored that the PEPFAR and USAID|PrevenSida logos are used in all teaching activities conducted by NGOs and all printed material developed by the project will always be submitted to the Mission for revision.

6.5 MANAGEMENT AND STAFFING

As prime contractor, URC is providing technical and administrative direction and support to the PrevenSida program office and team, and is accountable for program results, management and financial control. URC will guide activities across all results. We coordinate with CIES training under result one, sharing their wealth of experience in knowledge management and participation in the national response.

The Project Team is led by Dr. Oscar Nunez, MD, MHS, a senior technical and program leader. He will work closely with three key staff: Mr. Alexey Oviedo, a Financial Manager, Dr. Rafael Arana, MPH, a monitoring and evaluation expert and Dr Yudy Wong MPH, expert in QI.

Lines of authority and responsibility: The program team is located in Managua and is led by Dr. Oscar Nuñez. He oversees all work planning and implementation, provides technical direction and administrative and financial oversight. The work of the COP will be supplemented by the National Administrative Director, the M&E and Reporting Manager and the Quality Improvement Advisor.

There was no change in staff recruitment. Staff has updated their documentation required by URC administrative regulations.

8.0 ANNEXES

Annex I. PEPFAR indicators. FY 2016

PEPFAR indicator	FY16		
	Target	Total reached	Percent Complete
HTC_TST_DSD Number of individuals who received Testing and Counseling (T&C) services for HIV and received their test results (DSD)	7,868	7,053	90%
HTC_TST_DSD-a Number of men	7,395	6,249	85%
HTC_TST_DSD-b Number of women	473	804	170%
HTC_TST_DSD-d age (15+ years old)	7,868	7,053	90%
HTC_TST_DSD-e Positive	237	40	17%
HTC_TST_DSD-f Negative	7,631	7,013	92%
HTC_TST_DSD-g Individual	7,868	7,053	90%
HTC_TST_DSD-h Couples	0	0	0%
HTC_TST_DSD-i By MARP type: CSW	550	804	146%
HTC_TST_DSD-k By MARP type: MSM	7,318	6,249	85%
HTC_TST_DSD-l Custom By MARP type: MSM (Homosexual)	2,600	1,882	72%
HTC_TST_DSD-m Custom By MARP type: MSM (Transgender)	1,100	1,019	93%
HTC_TST_DSD-n Custom By MARP type: MSM (bisexual men)	3,618	3,348	93%
P8.3.D Number of MARP reached with individual and/or small group level interventions that are based on evidence and/or meet the minimum standards required (individual)	21,281	23,128	109%
P8.3.D-a By MARP type: CSW	1,916	2,685	140%
P8.3.D. c By MARP type: MSM	19,365	20,443	106%
P8.3.D-c Custom By MARP type: MSM (homosexuals)	7,285	6,524	90%
P8.3.D-c Custom By MARP type: MSM (transgender)	1,180	2,333	198%
P8.3.D-c Custom By MARP type: MSM (bisexual men)	10,900	11,586	106%
P8.3.D Number of MARP reached with individual and/or small group level interventions that are based on evidence and/or meet the minimum standards required (contact)	42,562	35,210	83%
P8.3.D-a By MARP type: CSW	3,832	3,840	100%
P8.3.D. c By MARP type: MSM	38,730	31,370	81%
P8.3.D-c Custom By MARP type: MSM (homosexuals)	14,570	9,816	67%
P8.3.D-c Custom By MARP type: MSM (transgender)	2,360	3,511	149%
P8.3.D-c Custom By MARP type: MSM (bisexual men)	21,800	18,043	83%
P8.3.D-o Number of Men	38,730	31,371	81%
P8.3.D-p Number of Women	3,832	3,839	100%
LAB_CAP: Number of PEPFAR-supported testing facilities with capacity to perform clinical laboratory tests	11	10	91%
CE.577 Number of health care workers who successfully completed an in-service training program within the reporting period	350	566	162%
GEND_NORM: Number of people completing an intervention pertaining to gender norms, that meets minimum criteria	350	340	
CE.577-b Testing and Counseling		32	
CE.577-c Adult care and support		22	
CE.577-d Combination prevention and care		0	
CE.577-e Other (Stigma and discrimination)		172	

CE. 575 Number of People Living with HIV/AIDS (PLHIV) reached with a minimum package of Prevention with PLHIV (PwP) (individual)	1,638	2,679	164%
CE-575-a Number of Men	934	1,769	189%
CE-575-b Number of Women	704	910	129%
CE-575-c Number reached in a clinic		1,851	
CE-575-d Number reached in a facility		345	
CE-575-e Number reached in a community		129	
CE-575-f Number reached in a home		354	
CE. 575 Number of People Living with HIV/AIDS (PLHIV) reached with a minimum package of Prevention with PLHIV (PwP) (contact)	3,276	5,407	165%
CE-575-a Number of Men	1,868	3,551	190%
CE-575-b Number of Women	1,408	1,856	132%
CE-575-c Number reached in a clinic		3,781	
CE-575-d Number reached in a facility		572	
CE-575-e Number reached in a community		226	
CE-575-f Number reached in a home		828	
CARE_CURR_DSD Number of HIV positive adults and children who received at least one of the following during the reporting period: clinical assessment (WHO staging) OR CD4 count OR viral load (DSD)	1,820	2,621	144%
By Sex: Male	1,090	1,729	159%
By Sex: Female	730	892	122%
CARE_CURR_NEW: DSD Number of HIV-positive adults newly enrolled in clinical care during the reporting period who received at least one of the following at enrollment: clinical assessment (WHO staging) OR CD4 count OR viral load.	300	335	112%
By Sex: Male	195	243	125%
By Sex: Female	105	92	88%

Annex 2. Contract indicators FY16.

FY 16 indicator	FY16		
	Target	Total	Percent Complete
Result 1			
11 NGO with institutional development plans and implement annually	11	11	100%
A network of NGOs working on the issue of HIV / AIDS has begun in the first year of the program and from the second year design, implement and evaluate plans until completion of the program	1	1	100%
Number of NGO personnel implementing key administrative/financial behaviors at the end of the year.	33	11	33%
Result 2			
At least 155,000 MARP reached yearly through community outreach that promotes HIV-AIDS prevention	42,562	35,210	83%
Number of individuals who received HIV Testing and Counseling (HTC) services for HIV and received their test results	7,868	7,053	90%
11 organizations providing appropriate behavioral change communications, counseling and testing, condom provision and other preventive services to other members of high risk groups.	11	9	82%
Result 3			
11 NGO with annual plans to reduce S&D towards MARPS, and are implementing them	11	11	100%
Result 4			
11 NGO have received technical assistance for HIV related policies development.	11	11	100%
11 NGOs participating in local and national coordination mechanisms of the national response.	11	11	100%
3 applied research studies conducted, with results diffusion and used by key NGOs and MINSA.	3	2	67%
An advocacy plan developed and implemented to remove barriers in implementing prevention programs for people with higher vulnerability through networking	1	1	100%